MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-519385

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND		⇩		⇩		⇩
TOTAL DEP		⇦		⇦		⇦
TOTAL CLAIMS						

	AS FILED		AFTER 1ʳ AMENDMENT		AFTER 2ⁿ AMENDMENT	
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TOTAL IND		⇩		⇩		⇩
TOTAL DEP		⇦		⇦		⇦
TOTAL CLAIMS						